

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

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December 31, 2009

TO: COUNTY ALCOHOL AND DRUG PROGRAM ADMINISTRATORS
DRUG MEDI-CAL PROVIDERS

SUBJECT: DRUG MEDI-CAL FORM AND PROCEDURE REVISIONS FOR
SUBMISSION OF DRUG MEDI-CAL CLAIM FILES UNDER THE
SHORT-DOYLE/MEDI-CAL PHASE 2 SYSTEM

The purpose of this letter is to identify the new forms and procedures for submission of Drug Medi-Cal (DMC) claims as a result of the new Short-Doyle/Medi-Cal Phase 2 (SDMC P2) system, which will be effective December 31, 2009 at 5:00 PM.

All DMC claims submitted after December 31, 2009 beginning at 5:00 PM must be submitted under the SDMC P2 system. All trading partners (counties and direct contract providers) must comply with the following requirements:

Claim Submission Certification**Direct Contract Providers:**

Direct contract providers are required to submit a signed DMC Claim Submission Certification form (ADP 100185) to the Fiscal Management and Accountability Branch (FMAB) for each Electronic Data Interchange (EDI) file containing DMC claims submitted to the Department of Alcohol and Drug Programs (ADP) for adjudication. Payments for adjudicated claims will not be released until the DMC Claim File Submission Certification is received by FMAB.

County Contracted Providers:

County contracted providers are required to submit a signed DMC Claim Submission Certification form (ADP 100186) for each DMC submission sent to the county for processing. The county must have, and complete, the County Use portion of a completed DMC Claim Submission Certification form certifying the claims for each county contracted provider prior to submitting an EDI file to ADP for adjudication. The forms are not to be submitted to the State but are required to be retained by the county and made available to ADP on demand.



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County Operated Providers

For each EDI file submitted that contains claim file information for county operated providers, the county is required to complete a DMC Claim Submission Certification form (ADP 100187). Only one form has to be completed per EDI file, certifying all claims within the file submitted for county operated providers. This form must be completed prior to submitting an EDI file to ADP. The forms are not to be submitted to the State but are required to be retained by the county and made available to ADP on demand.

Electronic Check-Box on ITWS

In addition to completing the signed DMC Claim File Submission Certification form, direct contract providers and counties are required to select the electronic check-box in the Department of Mental Health's Information Technology Web Services (ITWS) system when submitting each EDI file. The check-box language is:

For counties: The county has reviewed claims submitted by the providers and certifies that the information forwarded by the county is a true and accurate representation of the information received from the providers. Required certification is on file at the county.

For direct contract providers: Please forward your certification form to your FMAB analyst. Your claims cannot be paid until ADP has a properly completed form on file.

Good Cause Certification

A Good Cause Certification form (ADP 6065) is used by the trading partner to document and support the reason a claim is being submitted outside of the required due date. A late claim is any claim submitted later than 30 days after the last date of the service month and year.

Delay Reason Codes are required to justify all late submission. Circumstances providing good cause for late submission are defined in California Code of Regulations, Title 22, Section 51008.5. If the late claim is submitted within the time limitation defined for the Good Cause as identified in Title 22, a Delay Reason Code may be coded in the 837P claim submitted to ADP. The ADP 6065 must be completed and signed by a person authorized to represent the trading partner certifying the validity of the billing.

When using Delay Reason Code other than 4, 8, or 11, the completed ADP 6065 must be retained on site for monitoring purposes.

Delay Reason Codes 4, 8, or 11 must be pre-approved by ADP. The trading partners must submit justification to ADP requesting use of the Delay Reason Codes (4, 8, or 11). Once pre-authorization has been issued, the ADP 6065 must be completed and submitted to ADP for processing. ADP will fax the signed ADP 6065 back to the trading partner after it has been processed. This signed form should be retained on-site for monitoring purposes.

Multiple Billing Override Certification

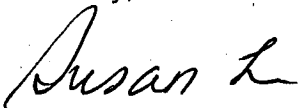
The Multiple Billing Override Certification form (ADP 7700) is used to certify that an additional, second unit of service for the same client was submitted for the same service date. ADP 7700 documents that the additional service was necessary.

The ADP 7700 must be signed by a person authorized to represent the trading partner to certify that the client record was reviewed, and that the multiple service claim was valid per Section 51490.1 of Title 22. The ADP 7700 must be retained in the client's file for monitoring and auditing purposes.

General

A copy of the forms and corresponding instructions identified in this letter are enclosed. Contact your assigned FMAB analyst for all DMC billing questions.

Sincerely,



SUSAN L. KING, Manager
Fiscal Management and Accountability Branch
Program Services Division

Enclosures:

- DMC Claim Submission Certification form (ADP 100185) – Direct Contract Providers
- DMC Claim Submission Certification form (ADP 100186) – County Contracted Provider
- DMC Claim Submission Certification form (ADP 100187) – County Operated Provider(s)
- Good Cause Certification (ADP 6065)
- Multiple Billing Override Certification (ADP 7700)
- Fiscal Management and Accountability Branch county assignment listing
- Fiscal Management and Accountability Branch direct contract provider assignment listing